

ATTACHMENT 13

PAST PERFORMANCE QUESTIONNAIRE INSTRUCTIONS AND DEFINITIONS

1. Please complete this questionnaire based on the following guidance:
- a. Handwritten responses are sufficient. Please write clearly.
 - b. **NARRATIVE EXPLANATIONS FOR BLUE, YELLOW AND RED RATINGS MUST BE PROVIDED. SPACE FOR YOUR NARRATIVE REMARKS IS PROVIDED AFTER EACH AREA. IF MORE SPACE IS NEEDED, USE THE BACK OF THIS QUESTIONNAIRE.**
 - c. Indicate, based on the color codes below, the contractor's performance on the identified program. Assessments should reflect only contractor liable performance. The following is a definition of the scoring levels:
- | <u>COLOR CODE</u> | <u>PERFORMANCE LEVELS</u> |
|-------------------|---|
| B (lue) | <u>EXCEPTIONAL</u> . Indicates the contractor's performance within the area of evaluation clearly exceeds contractual requirements. |
| G (reen) | <u>SATISFACTORY</u> . Indicates no problems exist in area of evaluation or has only minor problems for which solutions are in hand. |
| Y (ellow) | <u>MARGINAL</u> . Indicates the area of evaluation contains an existing problem for which there is doubt, whether the identified solution is adequate but the problem appears to be within the contractor's ability to solve. |
| R (ed) | <u>UNSATISFACTORY</u> . Indicates a serious problem exists in evaluation area which may be outside the contractor's ability to solve. The contractor is in danger of not being able to satisfy contractual requirements and timely recovery is not likely. |
- d. Please **circle** a letter corresponding to your rating or "N/A" if you are unable to provide a score for an area. **Narrative justifications for blue, yellow and red ratings are required. Space for your narrative remarks is provided after each area. If more space is needed, use the back of this questionnaire.**
 - e. You are urged to supplement your own knowledge of the contractor's performance with the judgment of others in your organization. In addition to completing the attached questionnaire for the identified program, we solicit your comments on other similar programs for which your activity has contracts with this Offeror.

2. Please return completed questionnaire to:

OC-ALC/LADBA
ATTN: Tom Lowber
3001 Staff Dr STE 1AE1 107B
Tinker AFB OK 73145-3020

**SOURCE SELECTION SENSITIVE
FOR OFFICIAL USE ONLY**

PAST PERFORMANCE QUESTIONNAIRE

I. PROGRAM IDENTIFICATION:

A. Contractor (Company/Division): _____ **CAGE:**_____

B. Program Title:_____

C. Contract Number/Type:_____

D. Period of Performance: _____

E. Approximate Dollar Value: _____

II. GENERAL INFORMATION:

Indicate the type of effort and a brief description of your program.

III. PAST PERFORMANCE EVALUATION:

A. LOGISTICS SUPPORT:

1. Evaluate the contractor's ability to establish and maintain the Contractor Operated and Maintained Base Supply (COMBS) functions at the Main Operating Bases (MOB) and Forward Operating Locations (FOL) both in or out of the Continental United States.

Color Code: B G Y R N/A

REMARKS:_____

2. Evaluate the COMBS ability to successfully perform or support scheduled, unscheduled and routine maintenance and servicing.

Color Code: B G Y R N/A

REMARKS:_____

3. Evaluate the contractor’s ability to provide an adequate transportation system that will support worldwide supply of spares and support equipment.

Color Code: B G Y R N/A

REMARKS:_____

4. Evaluate the contractor’s ability to maintain an adequate level of spares to support all operational requirements.

Color Code: B G Y R N/A

REMARKS:_____

5. Evaluate the contractor’s ability to maintain and ensure the availability of support equipment.

Color Code: B G Y R N/A

REMARKS:_____

B. MAINTENANCE/REPAIR/MODIFICATIONS:

6. Evaluate the contractor’s ability to plan for both scheduled and unscheduled depot maintenance.

Color Code: B G Y R N/A

REMARKS:_____

7. Evaluate contractor’s ability to successfully perform scheduled and unscheduled depot maintenance to include paint, routine maintenance and service, modification support, cycle and calendar driven inspections, and flight testing as required.

Color Code: B G Y R N/A

REMARKS:_____

8. Rate the adequacy of the contractor’s facilities with regard to hangar space, paint facility and their ability to accommodate more than one aircraft for depot maintenance and modification.

Color Code: B G Y R N/A

REMARKS:_____

9. Evaluate contractor’s ability to provide worldwide maintenance and repair to support operational requirements and refueling system requirements.

Color Code: B G Y R N/A

REMARKS:_____

C. MANAGEMENT:

10. Evaluate the contractor’s relationship with the appropriate Original Equipment Manufacturer (OEM) and subcontractors with emphasis to access of all required support data.

Color Code: B G Y R N/A

REMARKS:_____

11. Evaluate the quality and completeness of Maintenance Data Collection records and reports required by the contract.

Color Code: B G Y R N/A

REMARKS:_____

12. Did the contractor’s workforce include adequate numbers of FAA certified personnel, and other specialized skills?

Color Code: B G Y R N/A

REMARKS:_____

13. Rate the contractor’s ability to phase-in the contracted workload, including hiring, relocating, training, and familiarization of personnel.

Color Code: B G Y R N/A

REMARKS:_____

14. At the termination of the contracted workload, was the transition to the subsequent contractor conducted in a smooth, orderly fashion?

Color Code: B G Y R N/A

REMARKS:_____

D. SAFETY/FIRE PROTECTION:

15. Evaluate the contractor’s compliance with contractual Safety Plan requirements.

Color Code: B G Y R N/A

REMARKS:_____

16. Evaluate the contractor’s compliance with contractual Fire Protection Plan requirements.

Color Code: B G Y R N/A

REMARKS:_____

E. QUALITY:

17. Evaluate contractor’s Quality System with respect to establishment and control of work instructions. Did work documents assure specific and uniform step-by-step directions for accomplishing work accurately, economically, and safely?

Color Code: B G Y R N/A

REMARKS:_____

18. Evaluate contractor’s compliance with contract depaint/paint quality requirements.

Color Code: B G Y R N/A

REMARKS:_____

19. Evaluate contractor’s responsiveness to Quality Deficiency Reports (QDRs), Material Deficiency Reports (MDRs), and compliance with contractual Mishap Reporting requirements.

Color Code: B G Y R N/A

REMARKS:_____

D. COST/PRICE:

19. Evaluate the contractor’s ability to provide cost data in a timely manner.

Color Code: B G Y R N/A

REMARKS:_____

20. Evaluate the contractor’s performance on any issue regarding costs, such as claims, request for adjustment, etc.

Color Code: B G Y R N/A

REMARKS:_____

21. Rate the contractor’s ability to negotiate contract change order modifications, process billings and other contract actions. Were they accomplished in a timely manner?

Color Code: B G Y R N/A

REMARKS: _____

22. Please specify number of incidents of cure notices, show cause notices, or other remedial actions.

Color Code: B G Y R N/A

REMARKS: _____

23. Evaluate the ability of the contractor’s accounting system to accurately track program costs including segregation of fixed price costs from cost reimbursable costs.

Color Code: B G Y R N/A

REMARKS: _____

E. OTHER:

24. Is there any additional information you would like to tell us about this contractor?

REMARKS: _____

25. Are there any other contracts similar in nature to this contract?

REMARKS: _____

26. Is there anyone you recommend that we send this survey to? If so, please provide their name, organization, and telephone number.

NAME: _____

ORGANIZATION: _____ TELEPHONE _____

IV. RESPONDENT INFORMATION:

The following information will assist in the analysis of the data. Information will be kept **CONFIDENTIAL**.

A. Name of Evaluator(s): _____

B. Phone/Office Symbol: _____

C. Position Title: _____

D. Length of Involvement in Program/Contract: _____

E. Date Questionnaire Completed: _____